

# 2014 PEBB Retiree Monthly Rates

Effective January 1, 2014

Effective January 1, 2014 (See "Monthly Surcharges Effective July 1, 2014" on back)

## Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the Medicare Advantage Plan Election Form (form C) to enroll in one of these plans. For more information on these requirements, contact your health plan's customer service department.

## Medical Plans

| Members not eligible for Medicare (or enrolled in Part A only): | Group Health Classic | Group Health Value | Group Health CDHP | Kaiser Permanente Classic | Kaiser Permanente CDHP | UMP Classic | UMP CDHP  |
|---|----------------------|--------------------|-------------------|---------------------------|------------------------|-------------|-----------|
| Subscriber Only   | \$ 589.19            | \$ 537.04          | \$ 500.69         | \$ 588.43                 | \$ 503.93              | \$ 551.03   | \$ 504.56 |
| Subscriber & Spouse*  | 1,172.16             | 1,067.86           | 992.20            | 1,170.64                  | 998.18                 | 1,095.84    | 999.94    |
| Subscriber & Child(ren)   | 1,026.42             | 935.16             | 883.91            | 1,025.09                  | 889.20                 | 959.64      | 890.68    |
| Full Family   | 1,609.39             | 1,465.98           | 1,317.09          | 1,607.30                  | 1,325.12               | 1,504.45    | 1,327.73  |

| Members enrolled in Part A & Part B of Medicare: | Group Health Medicare Plan | Group Health Classic | Group Health Value | Kaiser Permanente Classic | UMP Classic |
|--|----------------------------|----------------------|--------------------|---------------------------|-------------|
| Subscriber Only                                  | \$144.79                   | N/A <sup>‡</sup>     | N/A <sup>‡</sup>   | \$ 152.99                 | \$ 223.87   |
| Subscriber & Spouse* (1 Medicare eligible)       | N/A <sup>‡</sup>           | \$ 727.76            | \$ 675.61          | 735.20                    | 768.68      |
| Subscriber & Spouse* (2 Medicare eligible)       | 283.36                     | N/A <sup>‡</sup>     | N/A <sup>‡</sup>   | 299.76                    | 441.52      |
| Subscriber & Child(ren) (1 Medicare eligible)    | N/A <sup>‡</sup>           | 582.02               | 542.91             | 589.65                    | 632.48      |
| Subscriber & Child(ren) (2 Medicare eligible)    | 283.36                     | N/A <sup>‡</sup>     | N/A <sup>‡</sup>   | 299.76                    | 441.52      |
| Full Family (1 Medicare eligible)                | N/A <sup>‡</sup>           | 1,164.99             | 1,073.73           | 1,171.86                  | 1,177.29    |
| Full Family (2 Medicare eligible)                | N/A <sup>‡</sup>           | 720.59               | 681.48             | 736.42                    | 850.13      |
| Full Family (3 Medicare eligible)                | 421.93                     | N/A <sup>‡</sup>     | N/A <sup>‡</sup>   | 446.53                    | 659.17      |

(continued)

\* or state-registered domestic partner

<sup>‡</sup> If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

## Medicare Supplement Plan F, administered by Premiera Blue Cross

|  | Plan F<br>(Age 65 or older, eligible by age) | Plan F<br>(Under age 65, eligible by disability) |
|--|--|--|
| Subscriber Only  | \$ 106.37                                    | \$ 196.74  |
| Subscriber & Spouse*<br>(1 Medicare eligible)**                          | 651.18                                       | 741.55   |
| Subscriber & Spouse*<br>(2 Medicare eligible – 1 retired,<br>1 disabled) | 296.89                                       | 296.89   |
| Subscriber & Spouse*<br>(2 Medicare eligible)                            | 206.52                                       | 387.26   |
| Subscriber & Child(ren)<br>(1 Medicare eligible)**                       | 514.98                                       | 605.35   |
| Full Family<br>(1 Medicare eligible)**                                   | 1,059.79                                     | 1,150.16   |
| Full Family<br>(2 Medicare eligible – 1 retired,<br>1 disabled)**        | 705.50                                       | 705.50   |
| Full Family<br>(2 Medicare eligible)**                                   | 615.13                                       | 795.87   |

\*or state-registered domestic partner

\*\* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans. Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

### Monthly Surcharges Effective July 1, 2014

The following surcharges will be added to the medical plan premiums. These surcharges do not apply if all enrolled family members are also enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more of the enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to PEBB medical coverage.

| Dental Plans<br>with Medical Plan | DeltaCare, administered by<br>Washington Dental Service | Uniform Dental Plan,<br>administered by<br>Washington Dental Service | Willamette Dental of<br>Washington, Inc. |
|-----------------------------------|---|--|--|
| Subscriber Only                   | \$ 39.53  | \$ 44.72   | \$ 43.23                                 |
| Subscriber & Spouse*              | 79.06   | 89.44  | 86.46                                    |
| Subscriber & Child(ren)           | 79.06   | 89.44  | 86.46                                    |
| Full Family                       | 118.59  | 134.16   | 129.69                                   |

\*or state-registered domestic partner

**Retiree Life Insurance Self-Pay Rate – \$6.57 per month**